

送達時間：年 月 日 時 分

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD/hh/mm)

\_\_\_\_\_ (市) 政府法定傳染病解除隔離治療通知書

(City/County) Department of Health

Notice for Release from Isolation Treatment

受文者 Addressee : _____ (君、醫療(事)機構)			
報告醫院 Reporting Hospital		診斷醫師 Reporting Doctor	
病患姓名 Name of Patient		身分證字號/護照號碼 Citizen ID /Passport No.	
地 址 Address			
<p>台端經_____醫院通報自 年 月 日起，無繼續隔離治療必要。如台端有任何疑問或需要協助的地方，可致電_____ (衛生局、所)。感謝您的合作。</p> <p>According to the report issued by _____Hospital, you can be released from isolation on ____/____/____ (YYYY/MM/DD). If you have further questions or assistance needed, please call _____(Department of Health or Health Center).</p> <p>Thanks for your cooperation!</p>			
中華民國 _____ 年 _____ 月 _____ 日	(戳記)		
Date : ____/____/____ (YYYY/MM/DD)	(Stamp)		

註：一、依據傳染病防治法第四十四條、第四十五條規定辦理。

二、違反主管機關依傳染病防治法第四十四條、第四十五條或第六十九條規定處罰。

三、本件依權責劃分授權縣市政府辦理。

<Note> : 1. The aforementioned measure is imposed in accordance with Articles 44, 45 of the

Communicable Disease Control Act.

2. Those who violate related regulations will be penalized according to Articles 44, 45 and 67 of the Communicable Disease Control Act.
3. The county and city governments are authorized to handle this case according to the respective authority and responsibility.